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**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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Verified and Acknowledged <i>[Signature]</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initials	NJ	9	22	9

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TITLE

Computer system and method for generating healthcare risk indices using medication compliance information

FILING FEE RECEIVED 1452	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit